

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>10/658241</u>	FILING DATE					
							APPLICANT(S)						
							2/17/05 CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2	1		1				52						
3		1		2			53						
4		1		1			54						
5		1		1			55						
6		1		2			56						
7		1		2			57						
8		1		2			58						
9				1			59						
10				1			60						
11				1			61						
12				1			62						
13				1			63						
14				2			64						
15			1				65						
16			1				66						
17		1		2			67						
18		1		2			68						
19		1		1			69						
20		1		1			70						
21		1		1			71						
22		1		1			72						
23		1		1			73						
24		1		1			74						
25		1		1			75						
26		1		1			76						
27	1		1				77						
28				1			78						
29	1		1				79						
30		1		1			80						
31	1		1				81						
32		1		1			82						
33	1		1				83						
34		1		1			84						
35			1				85						
36		1	1				86						
37		1		1			87						
38			1				88						
39				1			89						
40				1			90						
41				1			91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		11				TOTAL IND.						
TOTAL DEP.	4		37				TOTAL DEP.						
TOTAL CLAIMS	51		48				TOTAL CLAIMS						